## OFFICIAL FILE ILLINOIS COMMERCE COMMISSION Illinois Commerce Commission

linois Commerce Commission 527 E. Capitol Avenue Springfield, Illinois 62701

Fa	r Commission Use Only:	
Case:	08 04VV	_

ORIGINAL

Regarding a complaint by (Person making the complaint): Macio PEEUES			
Against (Utility name): Commonwealth Edison.			
As to (Reason for complaint) Customer Relations staff advised that service			
would be restored once payment was made in full. I was			
instructed to take payment directly to Ireasury Dept., and			
payment posted on 6/13. was quaranteed restoral on 6/14 duet medical equipment. Fed Vaugha & Cynthia Crawford refused to restore service causing us great distress & damage			
in Homewood, Illinois.			
TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:			
My mailing address is 18150 Los Angeles, Honewood, II.			
The service address that I am complaining about is 18150 Los Angeles, Honewood, Il 60430			
My home telephone is $[708] 647 - 8737$			
Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [708] 945-4825 量量 25			
My e-mail address is MZReevz@aol.com   will accept documents by electronic means (e-mail)			
(Full name of utility company) Commonwealth Edison (respondent) is a public utility and subject to the provisions of the Illinois Public Utilities Act.			
In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.			
Section of service per agreement			
Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?			
Has your complaint filed with that office been closed?			

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.
O Customer Relations employees Ramona Lampking, her supervisor Shirelle, and Carolyn Banks refused
Ocustomer Relations employees Ramona Lampking, her supervisor Shirelle, and Carolyn Banks refused me service AFTER payment was made in full to retalliate against me for complaining to the office of the CEO
@ My childs life was jeapordized as a result of u
Please clearly state what you want the Commission to do in this case:  Leavened like the Commission to hold upper management accountable for not restoring service, deslipite countable for
NOTICE: If personal information (such as a social security number or a bank account number) is contained in this complaint form or provided later in this proceeding, you should submit both a public copy and a confidential copy of the document. Any personal information contained in the public copy should be obscured or removed from the document prior to its submission to the Chief Clerk's office. Any personal information contained in the confidential copy should remain legible. If personal information is provided in your public copy, be advised that it will be available on the internet through the Commission's e-Docket website. The confidential copy of any filing you make, however, will only be available to Commission employees. If you file both a public and confidential version of a document, clearly mark them as such.
Today's Date: June 19, 2008 Complainant's Signature: Main P-Round (Month, day, year)
If an attorney will represent you, please give the attorney's name, address, telephone number, and e-mail address.
When you finish filling out this complaint form, you need to file the original with the Commission's Chief Clerk. When filing the original complaint, be sure to include one copy of the original complaint for each utility company complained about (referred to as respondents).
<b>VERIFICATION</b> A notary public must witness the completion of this part of the form.
l, <u>Nay io</u> <u>PRe eves</u> . Complainant, first being duly sworn, say that I have read the above petition and know what it says. The contents of this petition are true to the best of my knowledge.
Complainant's Signature  OFFICIAL SEAL GENE J URAM NOTARY PUBLIC - STATE OF ILLINOIS
Subscribed and swarn/affirmed to before me on (month, day, year) 6/19/07 MY COMMISSION EXPIRES:05/05/12
Signature, Notary Public, Illinois (NOTARY SEAL)
NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing.